

Thornbury Town Council
 Council Offices: (01454) 412103
 Mundy Playing Fields: (01454) 413645



Town Hall
 35 High Street
 Thornbury
 Bristol, BS352AR

Town Clerk: Louise Powell

NOTICE OF INTERMENT – THORNBURY CEMETERY

DETAILS OF DECEASED:

Surname: _____ First Names: _____

Address: _____

Age: _____ Occupation: _____

Date of Death: _____ Place of Death: _____

Date of Burial/Ceremony at Thornbury Cemetery: _____

Time of Ceremony: _____ Minister Officiating: _____

Name and Address of person dealing with Funeral Arrangements: _____

FACILITY REQUIRED

COFFIN Existing Grave: Plot Number: _____

BURIAL: New Grave: in Roman Catholic Section: or Other:

(New graves are dug for 2 as standard, please contact Thornbury Town Council if you would like to discuss digging the grave for 1 or for 3.)

COFFIN DETAILS: Coffin Lid Size: _____ Wicker/Alternative Coffin: (YES / NO)

If wicker/alternative coffin please give details of any feature that may affect burial (eg material, shape, protruding handles etc): _____

(IMPORTANT: IT IS ESSENTIAL THAT YOU SPECIFY WHETHER THE COFFIN IS A WICKER/ALTERNATIVE COFFIN.)

ASHES: Existing Plot: Plot Number: _____

New Plot: in the Cremated Remains Garden: or in a Full Grave Space:

CASKET SIZE: _____

SCATTERING OF ASHES IN THE SCATTERING AREA:

IF EXISTING OR PRE-PURCHASED GRAVE OR CREMATED REMAINS PLOT – PLEASE GIVE DETAILS:

GRAVE OR PLOT NUMBER: _____

GRANT NUMBER: _____

NAME OF PERSON TO WHOM GRANT WAS MADE: _____

(A copy of the grant must accompany this notice of interment otherwise search fees will be incurred.)

IF A NEW GRAVE OR CREMATED REMAINS PLOT IS REQUIRED – PLEASE GIVE DETAILS OF THE PERSON(S) TO WHOM THE GRANT IS TO BE MADE:

SURNAME(S): _____

FIRST NAMES: _____

ADDRESS(ES) (including postcode(s): _____

Email: _____

NAME AND ADDRESS OF FUNERAL DIRECTOR (if applicable): _____

I am happy for the details I have provided to be processed and stored in line with General Data Protection Regulations. (The information you provide will only be used for cemetery matters and will not be shared with any third party.)

SIGNED: _____ DATE: _____

This notice must be delivered to the Council Office at least 5 clear working days prior to the ceremony. Incomplete forms will not be accepted.

Funeral Directors must ensure that existing memorial stones are removed at least 5 clear working days prior to interment.

FOR OFFICE USE ONLY:

GRAVE NUMBER: _____	FEES: Interment: _____	Invoice No.: _____
	Grant: _____	Receipt No: _____
	Search: _____	
	TOTAL: _____	